MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

			SERIAL NO.		FILING DATE
			APPLICANT(S)		

CLAIMS	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			CLAIMS		IND	DEP	IND	DEP	IND	DEP
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50								99							
TOTAL IND.								100							
TOTAL DEP.								TOTAL IND.							
TOTAL CLAIMS								TOTAL DEP.							
								TOTAL CLAIMS							